

**DEVELOPMENT SERVICES DEPARTMENT
BUILDING DIVISION**

PHONE: 954.797.1111 • FAX: 954.797.1086 • WWW.DAVIE-FL.GOV

Air Conditioning Replacement Data

Permit Number: _____

Contractor Name: _____

Site Address: _____

Please fill in all information:

Make: _____ **Package unit model #:** _____ **KW** _____

Make: _____ **Air Handler model #** _____ **KW** _____

Make: _____ **Condensor unit model #** _____

Please answer yes or no to “all” of the following questions
(Do not leave any questions blank)

1) Will this be an exact change out? _____
(Provide heat load calculations for a change in tonnage or K.W. of heat)

2) Will electric work be done on the line side of disconnect? _____
(Electrical permit is required if yes)

3) Will a smoke duct detector be installed or replaced? _____
(Required to be installed if over 2000 CFM for Commercial applications)

4) Will a new heat recovery unit be installed? _____

5) Will an existing heat recovery unit be reinstalled? _____

6) Will ductwork be installed or replaced? _____

7) Will a new support stand be installed on the roof? _____
(If yes, an engineers sealed drawing for anchoring is required)
An approved ladder will be required for all attic and rooftop inspections.

I do swear that the information provided on this form is correct.

Qualifier's Signature: _____

Contractors License number: _____

Approved by: _____

“This form must be posted with permit card”

Appointments can be made the day of the scheduled inspection between 7:30 and 8:00 am.

Call: 954-797-1139 or 954-797-2064